

Rural & Frontier Health Division Update

Division Staff

Ron Pearson
Administrator
Michelle Hoffman
Executive Assistant
Jamie Raff
Financial Manager

Office of Rural Health

Sharla Allen, Manager
Jeff Hopkins
Work-force Specialist
Keri Wagner
Admin Assistant

Community Services

Jim Rolf, Manager
Tricia Dean
Program Specialist
Angela Pierce
Benefits Specialist

Multicultural Health

Betty Sones, Manager
Vacant
Project Manager

Telehealth/Telemed

Betty Sones

Vital Statistics Svcs

Gladys Breedon
Manager
Frank Schapiro
Statistician
Matthew Rowe
Field Representative
Dottie Winans
Records Unit Supv
Bernice Cox
Adoption Records
Carol Gass
Nosologist
Christine Williams
Admin Assistant
Deborah Gentry
Corrections Specialist
Verna Plumlee
Fiscal Specialist
Aubrie Adams
Records Specialist
Emily Soloman
Records Specialist

Wyoming Department of Health
Rural and Frontier Health Division (307) 777-8902
<http://www.health.wyo.gov/rfhd>

Welcome to the fifth issue of the "Rural and Frontier Health Division Update!" This newsletter is provided as an informational source on activities involving the programs and services within the division. Comments and/or suggestions are welcomed and may be addressed to WDH-RFHD@health.wyo.gov.

Office of Rural Health

State Grants:

Wyoming Healthcare Professional Loan Repayment Program is not accepting applications in 2009 due to lack of funding. ORH received approximately 100 inquiries since the New Year.

During the 3-year life of this program, 199 healthcare professionals have been granted awards under this program, and 191 are still in the program or graduated. The Office of Rural Health feels this program has been beneficial in attracting and retaining healthcare professionals for Wyoming. Feedback from hospital CEOs is that this program is a "fantastic recruiting tool." All healthcare professionals already awarded will receive their payments in accordance with their contracts. ORH provided information to Senator Barrasso concerning the federal income tax burden of these awards. Senator Barrasso is the senior Republican sponsoring a bill to make state funded awards like this tax exempt.

The Office of Rural Health is encouraging all Wyoming Healthcare Professionals to pursue National Health Service Corps and other federal loan repayment programs (http://www.health.wyo.gov/rfhd/rural/Workforce_Development.html for a list of programs). Federal programs are receiving dramatic increases in funding from the ARRA (stimulus package). These programs do require employment sites to be approved by the National Health Service Corps for their employees to participate in these programs. The NHSC is expecting an additional **\$300,000,000** for these programs and is anticipating very low HPSA scores for Primary Care, Mental Health, and Dental participation in the programs. Explore opportunities for your healthcare professionals to participate in these programs by checking out the NHSC website (<http://nhsc.bhpr.hrsa.gov>).

Wyoming Physician Recruitment Grant Program grantees updated ORH on their progress in recruiting physicians. A telephone conference with WHRN, ORH, and the five grantees was held on April 17 to discuss best practices reported on the written Semi-Annual Progress Reports. Of special note is the cost of hiring a recruitment firm. All participants agreed that it was normal to cost \$25,000 or more per physician per recruitment firm hired. This is dramatically more than the \$10,000 authorized in the legislation.

Crook County Memorial Hospital reported they signed a contract with a Wyoming native who had been practicing in Colorado. Dr. Pat Connally is to begin working in early May.

Due to a lack of funding, Wyoming Physician Recruitment Grant Program is not accepting applications in 2009.

Magnet Hospital and Small Hospital Improvement Grants

This link (<http://wyonurse.org/associations/10082/Spring2009.pdf>) is to the Wyoming Nurse Association (WNA) March, April, and May 2009 newsletter. Faith M. Jones, MSN, RN, NEA-BC, and WNA president elect provides an update on specific advances grantees have made.

Partners:

WYPCA is undergoing an Office of Performance Review survey and ORH is participating. Per WYPCA request, ORH has researched three areas for MUA/P status and is waiting for approval for the Southeast Rock Springs MUA/P request from HRSA.

WHRN

WHRN is coordinating the Physician Recruitment Grant Program and was the referring source for the only physician recruited thus far, Dr. Pat Connelly at Crook County Medical Services District. WHRN is working with WWAMI to obtain contact information on WWAMI graduates to inform them about the remaining four positions.

WHA held a Wyoming Critical Access Hospital Network (WYCAHN) conference at the Wyoming Medical Center in Casper on April 15. WYCAHN had Mike R. Bell and Company, PLLC speak about accounting procedures that best benefit CAHs and Rural Health Clinics (RHC). WYCAHN invited the 16 Wyoming RHCs to attend this informative class (CAHs and RHCs have similar federally required processes). Sharla Allen updated the WYCAHN on ORH happenings and the Flex Grant. Jeff Hopkins discussed NARHC information with the RHCS and also discussed the RHCs establishing or partnering with an existing non-profit association so they could benefit from economy of scale on legislative issues, training, and purchasing.

Omnibus appropriations bill signed into law, includes funding increases for critical rural health programs

On March 11 President Obama signed into law [H.R. 1105](#), a \$410 billion appropriations package that includes funding for critical rural health programs. The omnibus includes \$53.9 million for rural outreach and network grants, \$9.7 million for rural health research/policy, \$9.2 million for state offices of rural health and \$39.2 million for rural hospital flexibility grants. It also includes \$2.2 billion for community health centers, \$134.96 million for the National Health Service Corps and \$32.5 million for area health education centers, as well as funding for other programs important to rural America. This adds up to a more than \$10 million increase over the FY 2008 funding levels for the rural health safety net programs alone. NRHA is thrilled to see such strong numbers in support of rural health and will begin now to look forward to the FY 2010 appropriations process.

NRHA representative testifies before Congress on improving health care for rural veterans

On March 19, Graham Adams, NRHA board member and South Carolina Office of Rural Health CEO, testified before the Health Subcommittee of the House Committee on Veterans' Affairs (VA) on closing the health gap of veterans in rural areas.

While 19 percent of the nation lives in rural areas, 44 percent of military recruits hail from rural America. The death rate for rural soldiers is also 60 percent higher than those from urban areas.

Because of this great level of service, it is incumbent upon each of us to do more for our rural veterans," Adams says. "There is a national misconception that all veterans have access to comprehensive care.

"Per WYPCA request, ORH has researched three areas for MUA/P status and is waiting for approval for the Southeast Rock Springs MUA/P request from HRSA"

Access for rural veterans can be extremely difficult. We must be mindful of long-term costs and needs because the wounded veterans who return today won't need care for just the next few years, they will need care for the next half century."

NRHA members believe program expansion and resource coordination is critical to improve the care of rural veterans. Adams suggests the following recommendations:

1. Increase access by building on current successes like community based outreach centers and outreach health centers that allow veterans to obtain primary care close to home.
2. Increase access by collaborating with non-VA facilities. Rural VA facilities are too few and far between, so rural veterans forgo care. Rural veterans should have a local choice, such as community health centers, rural hospitals and clinics, Adams says.
3. Increase access to mental health and brain injury care. Eighty-five percent of mental health shortages are in rural America. While VA centers offer mental health services, they aren't consistently available at the local level.
4. Target care to rural veterans including families and female veterans.
5. Improve the Office of Rural Veterans. "It is our hope that the Office of Rural Veterans, the newly-formed VA Rural Health Advisory Committee, will work to eradicate previous barriers and expand access options for our rural veterans," Adams says.

Community Services Programs

What is NOWCAP? NOWCAP is Northwest Community Action Programs of Wyoming, Inc. They are a Community Action Agency out of Worland that provides services to low-income people around the state, including weatherization and direct financial assistance.

Tripartite Board - The term "Tripartite" signifies that the board consists of three factions - for CSBG purposes, funds can only flow into the communities through a tripartite governing board, where 1/3 of the members are elected officials or their representatives, 1/3 of the members represent the low-income community, and the remaining third are community leaders.

Further explanation about representation: the third representing the electorate do not necessarily have to be mayors, county commissioners, legislators, etc., but can be people (such as a mayor's chief of staff) who are appointed to the board by elected officials to be their representatives.

The third representing the low-income community do not have to be low-income, but must be voted in by low-income people. Usually ballots are provided at soup kitchens, Salvation Army locations, food pantries, or other places where low-income people might gather.

Two new tripartite boards are being formed to increase the local decision making on the use of Community Services Block Grant (CSBG) funding in Wyoming. Organizers in Teton and Weston counties are forming boards to serve as eligible entities for receipt of CSBG funds. The formation of a Teton County board will increase the number of Wyoming counties receiving federal CSBG funds from 21 to all 22 counties. Weston County is currently overseen by the Northwest Community Action Programs of Wyoming, Inc. (NOWCAP) board in Worland. Forming their own local board gives Weston County citizens a better voice in local government of CSBG funded activities.

The Wyoming Cares/Wyoming Shares Program, in coordination with Donor Alliance out of Denver, hosted a gathering at the Wyoming State Capitol on April 20 to celebrate National Donate Life Month and to mark the official launch of the *Donate Life Wyoming* campaign to promote organ donations. Governor Dave Freudenthal read and signed an official proclamation relaunching the Wyoming Donor Registry. Among the speakers were Wyoming Department of Health Director Brent Sherard, who spoke of his personal experience with organ donations as a Wheatland physician; Wyoming rodeo cowboy Ryan Rochlitz, who received a heart transplant at the age of 18; Wyoming liver recipient Chuck Forbes and his wife, Ruth; and members of Donor Alliance. Highlighted at the proclamation reading were a number of Wyoming organ recipients and the snow plow drivers who opened roads from

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Wheatland to the Wyoming border to allow Mr. and Mrs. Forbes to travel through drifted roads to University Hospital for a liver replacement.

Kidney Transplants

During the month of April the ESRD program has had two dialysis patients receive kidney transplants.

Bridges Out of Poverty - The acclaimed "Bridges Out of Poverty" program will be traveling around Wyoming this summer, as author/lecturer Teri Dreussi-Smith comes to the state to present Bridges Out of Poverty to around 500 CSBG service providers and board members in Cheyenne, Sheridan, Cody, Jackson, Riverton, and Rock Springs. The Bridges presentations are being provided by Community Services Programs through federal Community Services Block Grant (CSBG) funding.

Office of Telemedicine and Telehealth (OTT)

Over the past two years, representatives from the organizations listed below have formed the Wyoming Telehealth Leadership Group

- Wyoming Department of Health (WDH)
- Cheyenne Regional Medical Center (CRMC)
- Wyoming Medical Center (WMC)
- Wyoming Hospital Association (WHA)
- University of Wyoming Center for Rural Health Research and Education (UW-CRHRE)
- Wyoming Medical Society (WMS)
- Wyoming Health Information Organization (WyHIO)

A collaborative effort of Wyoming's healthcare community as members of this group could provide a number of benefits:

- Improve the cost, quality, access to, and safety of healthcare in the public and private sectors
- Educate the public, the healthcare community, and key business and political leaders on the value of telehealth
- Reach a consensus across the healthcare community on the needs, direction, implementation, and use of telehealth
- Ensure the community's voice is heard in matters of telehealth direction setting, technology selection and implementation, education, laws, and incentives for adoption of telehealth services state

FCC approves five telehealth networks development

The Federal Communications Commission approved \$35.6 million to fund the development of five telehealth networks that will link rural hospitals in nine states.

The [Rural Health Care Pilot Program](#) is allocating the money to five organizations: the Health Information Exchange of Montana, Palmetto State Providers Network, Iowa Health System, Heartland Unified Broadband Network and Rural Wisconsin Health Cooperative. The organizations will use new fiber optic networks and enhance existing infrastructure to gain Internet connections that will allow providers access to remote patient monitoring, distance consultation and education programs, as well as enable hospitals to exchange electronic health information. The networks will connect hospitals in Iowa, Minnesota, Montana, Nebraska, North Dakota, South Carolina, South Dakota, Wisconsin and Wyoming.

Wyoming Office of Multicultural Health

With state and community agency members' involvement in the implementation of the Health Disparity State Plan (HDSP), WOMH is in the process of reviewing the outcomes of the first year's projects and setting operational policies and procedures for the development of new projects. These projects included:

- Riverton Community Health Clinic's (RCHC) integrative treatments of western and traditional medical approaches for the dually diagnosed diabetes and substance abuse patients;
- El Puente's translation/interpreter network development;
- Migrant Health Program's outreach and diabetes education to migrant families;
- University of Wyoming *Connect Wyoming* resources survey questionnaire development;
- Distribution of health disparities information provided by the MHAC, HDSP, Data Committee, through members' participation in conferences, coalitions and task force meetings;
- "Trauma Informed System of Care" Conference in Wind River area to educate providers and consumers about the bio-psychosocial impact of trauma, supported by the Center for Mental Health Services, State of Wyoming Substance Abuse and Mental Health Services and National Association of State Mental Health Program Directors;
- A follow-up conference – "Creating Sensitive and Trauma Informed Systems of Care for Human Service Settings" - is scheduled for May 7-8, 2009, in Cheyenne; and
- A "Holistic Approaches to Wellness" Conference is set for April 24-25, 2009 in the Wind River area.

Vital Statistics Services

New VSS Computer System Development

In an ongoing effort to improve service levels to citizens while reducing costs, the Wyoming Department of Health (WDH) is replacing its Vital Statistics Services (VSS) computer program. Replacement became necessary as maintenance to stabilize the legacy system used by VSS became increasingly complex and costly with an aging Oracle-based database application. The WDH Office of Information and Technology has been working with Microsoft for awhile to have a case study written on how development is being accomplished for the department. WDH chose the Vital Statistics Services rewrite project for this case study. The study points to technologies used from Microsoft, and the SCRUM agile process for all development. Please view the case study that was just released by clicking the link below:

<http://www.microsoft.com/casestudies/casestudy.aspx?casestudyid=4000003848>

With the divorce module of VSS' new system rolled out state-wide successfully, we are beginning "real world" testing of the mortality module at select sites.

Benefits of new system will be felt immediately as the legacy system was so unfriendly to users:

- VSS staff will be spending less time on the telephone assisting user facilities in completing records.
- Cost savings from new system when all counties are online will be approximately \$4000 per year as a result of decreased amount of postage paid by our office to mail certificates.
- Increased benefits for families; when new system is operational throughout the state, we will see a decrease in the amount of time it takes to file a record, which should translate to a decreased turnaround time in issuing certified copies.

Vital Statistics – Annual Report (A Preview)

VSS is in the final phases of preparing its annual report of 2007 Wyoming vital events. Beyond the traditional numeric reporting, this year's report focuses on the unique frontier nature of Wyoming.

With a WDH goal of providing best possible quality in health care to all Wyoming citizens, vital events records are being examined in the context of Wyoming's frontier, rural, and urban areas, as well as unusual population mix. With this approach, Wyoming's stakeholders will have a clearer view of many important current issues. They can see the challenges being faced by the low population density and the progress already made in meeting these challenges.

Looking at progress and challenges through the eyes of Wyoming's new parents -- evenness of health care utilization and outcomes across the entire state is paramount. A few key observations from the birth side:

- 45% of Wyoming's new mothers living in frontier counties (< 5 people/square mile) and additional 24% living in rural counties (6-14 people/square mile), i.e., face travel and availability challenges.
- While not the desired zero, the observed reduction in smoking during pregnancy is nearly identical in frontier, rural, and urban areas of Wyoming.
- Although risk factors in pregnancy and delivery remain higher outside Wyoming's two urban counties, the proportion of more severe problems, such as fetal intolerance and infection during delivery, are now low and equally unlikely regardless of where the mother lives.

While the latest vital events data is already available to programs and researcher in WDH, the full annual report will be available during May.

House, Senate Pass Budget Resolutions

http://www.ahanews.com/ahanews_app/jsp/display.jsp?dcrpath=AHANEWS/AHNewsNowArticle/data/ann_040309_budget&domain=AHANEWS

Apr 6, 2009 -- AHA News reports that the House and Senate Friday night voted 233-190 and 55-43, respectively, to pass fiscal year 2010 budget resolutions that contain a deficit-neutral reserve fund for future health care reform legislation.

Funding Opportunities

BPHC Loan Guarantee Program

http://www.raconline.org/funding/funding_details.php?funding_id=1593

Application deadline: Applications accepted on an ongoing basis.
Loan program to Section 330 health centers to obtain a loan guarantee for the financing of a medical facility construction, renovation and modernization.

USAC Rural Health Care Service Discounts

http://www.raconline.org/funding/funding_details.php?funding_id=16

Application deadline: Applications accepted on an ongoing basis.
Provides discounts to rural health care providers to obtain Internet and telecommunications access.

Upcoming Events:

- Rural Health Works Workshop, April 28, 2009, Casper, WY
- NRHA Annual Conference, May 5-8, 2009, Miami Beach, FL
- Trauma Informed System of Care for Human Service Settings, May 7-8, 2009, Cheyenne, WY
- Critical Access Hospital Conference, October 7-9, 2009, Portland, OR

We're on the Web!

See us at:

www.health.wyo.gov/rfhd